

WIRELINE ORDER FORM

Instructions: Please complete the information requested below and return to csims@ors.sc.gov and tallen@ors.sc.gov by **August 5, 2020**. Please include your participating School District, Private School, Special School, Charter School, or Private College, University, or Technical College ("Participant") in the file name before you save/send it.

Participant Entity Name:

Contact Name:

Contact Title:

Contact E-Mail:

Contact Phone:

Billing Contact

Name:

Title:

E-Mail:

Phone:

CIPA Compliance - Content Filter Administrator

Name:

Title:

E-Mail:

Phone:

Monthly Reporting Contact

Name:

Title:

E-Mail:

Phone:

Shipping Information *(must sign for delivery)*

Attention to:

District/Department:

Street:

City, SC, Zip:

Phone:

Equipment Order

Equipment Order for Households with K-12 and Higher Education Students Meeting Poverty Criteria ("annual income of two hundred fifty percent or less of federal poverty guidelines"; see certification below) Addresses for service are required to be shared with the wireline provider for this service by either the participant or household (recipient)

Wireline Provider Requested:

Quantity of Households and Monthly Service:

Additional Wireline Provider Requested:

Quantity of Households and Monthly Service on
Additional Wireline Provider:

CERTIFICATION: The School District, Private School, Special School, Charter School, or Private College, University, or Technical College noted above certifies that by submitting this order it has limited the order to the number needed for student households as defined in Act 142, and it has authorized the ORS to order service subject to execution of MOU and order form. To the extent the wireline provider assesses fee(s) for moves, adds, changes, wiring, maintenance of equipment and any terms regarding acceptable use, the participant and / or recipient is responsible.

Participant agrees to provide ORS monthly reporting as required by the MOU.

*Facsimile
signatures and
email signatures
shall be as
effective as
original signatures
to bind any party.*

Signature:

Print Name of Signatory:

Title of Signatory:

Date:

